REMARKS

Claims 4, 6 and 19 are pending in this application. Claim 4 has been amended to recite that the patient in the claimed method has a history of previous ischaemic heart disease, stroke, or peripheral arterial disease, or the patient has diabetes. Support for this amendment appears on page 10 in the second paragraph of the Example.

Rejections

Applicants acknowledge that the Examiner withdrew the previous rejections of record. All claims, however, have been rejected in view of new documents. Claims 4 and 19 have been rejected under 35 U.S.C. § 102(b) in view of the disclosure of Bussien et al., Naunyn Schmiedeberg's Arch Pharmacol, vol. 329, pp. 63-69 (1985). The Examiner stated that Bussien teaches administering ramipril to normal male volunteers aged 21 to 26. Claims 4 and 6 were rejected under 35 U.S.C.§ 102(b) in view of the disclosure of Webb et al., Journal of Cardiovascular Pharmacology, vol. 8 (Suppl. 10), pp. S40-S44 (1986). The Examiner stated that Webb teaches administering ramiprilat to normotensive volunteers. In both instances, the Examiner indicated that any reduction of the risk of onset of congestive heart failure was inherent. Applicants respectfully traverse these rejections.

A claim is anticipated only if each and every element set forth in the claim is found in a prior art reference. MPEP § 2131. The currently amended claims recite administering ramipril or ramiprilat to a patient, wherein the patient has a history of previous ischaemic heart disease, stroke, or peripheral arterial disease, or the patient has diabetes. Neither of the cited documents teach administration of the drugs to this type of patient. To the contrary, Bussien in its Summary on page 63 identifies the test volunteers as normal. Moreover, the patients cited by the Examiner in Webb are described simply as "healthy volunteers" (see Subjects on p. S40). For at least this reason, these documents do not anticipate the pending claims. Lastly, since neither document suggests that the administration of ramipril or ramiprilat would reduce the risk of onset of congestive heart failure in the patient population recited in the claims, the invention should be unobvious in view of the articles.

Supplemental Information Disclosure Statement

Applicants filed a Supplemental Information Disclosure Statement, including Form PTO/SB/08, together with the Request for Continued Examination on January 26, 2005. The papers appear in the image file wrapper of this application. Applicants respectfully request that the Examiner consider the documents cited in the Supplemental Information Disclosure Statement and return the initialed Form in the next communication from the Office.

In view of the amendments and remarks above, applicants believe that the pending claims should be in condition for allowance. Please grant any extensions of time required to enter this response and charge any additional required fees to our deposit account 06-0916.

Respectfully submitted,

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Dated: March 30, 2005

By: 
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